**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZA	ATION		
i Ortivi i	(See instruction	s)		Office use only
NAME OF COMMITTEE (in	(Check if name full) X is changed)	Example: If typying, type over the lines	12FE4M5	
District No. 1-	PCD, Marine Engineers' Beneficia BA-PAF)	l Assoc Political Ac-	11111	
ADDRESS (number and	444 North Capitol Str	eet, NW		
(Check if address	Suite 800		11111	1 1 1 1 1 1 1 1 1
is changed)	Washington		DC	20001   1570
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-n	nail address)		
(Check if address is changed)	MEBAPAC@election	compliance.com		
is changed)				
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address	www.d1meba.org			
is changed)				
2. DATE <b>0.6</b>				
3. FEC IDENTIFICA	TION NUMBER	C C00279380		
4. IS THIS STATEM	NEW (N) OR	X AMENDED (A)		
Legrify that I have exam	ned this Statement and to the best of my knov	vledge and belief it is true, correct	and complete	
reenily that mave exam	ned this Statement and to the best of my know	wedge and belief it is true, correct	and complete	
Type or Print Name of	Treasurer Bill Van Loo			
Signature of Treasurer	Electronically Filed by Bill Van Lo	00	Date 0 6	/ D D / Y Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information may	subject the person signing this S	tatement to the penaltie	s of 2 U.S.C. §437g.
	ANY CHANGE IN INFORMAT	ION SHOULD BE REPORTE	D WITHIN 10 DAYS	
Office Use Only		For further informatic Federal Election Comn Toll Free 800-424-953	nission	FEC FORM 1 (Revised 02/2009)

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5.	TYPE OF CO	OMMITTEE (Check One)	
	Candidate C	Committee:	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate		
	Candidate Party Affiliati	on Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Comm	nittee:	
	(d)		Democratic, epublican,etc.) Party.
	Political Act	tion Committee (PAC):	
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	organization is a:
		Corporation Corporation w/o Capital Stock X Labor	Organization
		Membership Organization Trade Association Coop	perative
	(f)	In addition, this committee is a Lobbyist/Registrant PAC.  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function of the parameters of the p	und or party
		committee. (i.e., nonconnected committee)  In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	laint Fronduc	ising Panasantatina	
	Joint Fundra	ising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate.	ore political
	Com	mittees Participating in Joint Fundraiser	
		1 FEC ID number C	
		2 FEC ID number C	
		3. FEC ID number	
		4   FEC ID number	

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Write or Type Committee Nan	ne				
District No. 1-PCD, N	Marine Engineers' Beneficial Assoc Politic	al Action Fund (MEBA-PA	AF)		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundrais	sing Representative, or Leade	rship PAC Sponsor		
District No.1-PCD, ME	EBA (Marine Engineers' Beneficial Associati	ion)			
Mailing Address	444 N. Capitol St, NW, Suite	e <b>800</b>			
	Washington	DC L	20001 _ 1570		
	CITY▲	STATE ▲	ZIP CODE		
Relationship:					
X Connected Organizat	ion Affiliated Committee Joint Fu	undraising Representative	Leadership PAC Sponsor		
possession of Commit	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.  Full Name  PAC Outsourcing LLC				
Mailing Address	6192 Oxon Hill Rd., Suite 60	)1			
	Oxon Hill	MD	20745		
Title or Position ▼	CITY A	STATE	ZIP CODE A		
Custod	ian of Records	Telephone number	8396510		
	me and address (phone number optional) of any designated agent (e.g., assistant treasurer		tee; and the		
Full Name of Treasurer Bill	Van Loo				
Mailing Address	444 N. Capitol St., NW Suit	e 800			
	Washington	DC	20001 _		
Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A		
Treasu	rer		_ 638 _ 5355		
	161	Telephone number			

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Full Name of Designated Agent	Wade S. Williams				
Mailing Address	6192 Oxon Hill Rd.				
	Suite 601				
	Oxon Hill		MD _	20745 – _	
Title or Position ▼	CITY A	:	STATE A	ZIP CODE	A
Assistant T	reasurer	Telephone numb	oer <u>301</u>	839	6510
Name of Bank, Depository, etc.  Wacho  Mailing Address	ovia Bank 444 N. Capitol St, NW		1 1 1 1 1		
	Washington		DC	20001	
	CITY 🗖		STATE_	ZIP CODE	Δ
Name of Bank, Depository, etc					
Mailing Address					
	CITY 🙇		STATE <b>△</b>	ZIP CODE	<b>A</b>

 $\textbf{A.} \;\; \text{Form/Schedule}: \;\; \textbf{F1A}$ 

Please note the affiliated committee name change

Transaction ID:

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the comm funds.	nittee deposits funds, hole	ds accounts, rents
Name of Bank, Depository, etc.			[ ADDITIONAL ]
Mailing Address			
Į.	OUTV		717 0075
	CITY 🗻	STATE. <b>△</b>	ZIP CODE 🛕
	nization, Affiliated Committee, Joint Fundraising Re e Engineers' Beneficial AssocRetirees' Gro		
Mailing Address	444 North Capitol Street NW		
Walling Address	Suite 800		
	, Washington	, DC, ,	20001   1570
ationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Re	epresentative Lea	adership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE. <b>▲</b>	ZIP CODE A
	Teleph	hone number	
Joint Fundraiser Participant			[ ADDITIONAL ]
1,,,,,,,,,,		EC ID number	
Joint Fundraiser Participant			[ ADDITI